

NOTICE OF INDEPENDENT REVIEW DECISION

October 21, 2002

RE: MDR Tracking #: M2-02-1196-01
 IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 51 year old female sustained a work related injury on ___ when she lifted an ice chest into a truck, resulting in a crushing injury to the fingers of her right hand. An MRI of the right hand revealed diffuse soft tissue swelling of the middle finger and tendinopathy of the flexor tendon of middle finger. The diagnostic impression was tendonitis versus partial tear. On 02/15/02 the patient underwent surgery for tendon and nerve repair of the right middle finger. It has recommended that the patient undergo a chronic pain management program.

Requested Service(s)

Chronic pain management program

Decision

It is determined that the chronic pain management is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient underwent surgery on 02/15/02 followed by a period of rehabilitation. The surgeon noted that the use of a dynamic splint would be necessary to improve the functionality of the patient's fingers. The office visit noted on May 9, 2002 indicated that the splint was not being utilized. On 06/28/02 the chiropractor's office visit note indicated that recommendations would be made related to the possibility of a different medication protocol and that the patient undergo a stellate ganglion block. However, there is no documentation to indicate there was follow up to the recommendations and no evidence that alternative treatments have been attempted prior to recommending admission to a chronic pain management program. Therefore, the chronic pain management program is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,